

<b>ADDRESS OF COMPANY</b>
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Nicht von der Ausbildungsstelle einzutragen:
Eingang:
Stud.Gruppe:

/

## INTERNSHIP – EVALUATION REPORT

for the practical semester

Name \_\_\_\_\_,  
(first) (last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_,

student at the Hochschule München – University of Applied Sciences Munich –  
in the degree-program:

\_\_\_\_\_ ,  
has completed the practical training from \_\_\_\_\_ to \_\_\_\_\_

Tasks:

He/She has completed the requirements according to the training plan for the practical  
semester:                    yes / no

\_\_\_\_\_.

Number of days absent: : \_\_\_\_\_                    Number of days sick: \_\_\_\_\_

(total amount)                    Other absences: \_\_\_\_\_  
reasons: \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Stamp of company, Signature of coordinator